

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5172BPR	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/03/2009
NAME OF PROVIDER OR SUPPLIER LTC - CONTINUUM		STREET ADDRESS, CITY, STATE, ZIP CODE 4709 SOPHIA WAY N LAS VEGAS, NV 89032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	Initial Comment This Statement of Deficiencies was generated as the result of an complaint survey conducted at your facility on April 6, 2009. The facility was licensed as a Business that Provides Referrals to Residential Facilities for Groups (BPR). There were no clients at the time of the survey. There was one (1) complaint investigated. Complaint # NV21474 - was substantiated. See TAG #Y 0020. The following regulatory deficiencies were identified.	K 000	TAG K 020 NAC 449.27829 Responsibilities of referral agency. 1. We completed a needs assessment and financial assessment for Resident #1 and gave the family three (3) Residential Facilities, 1 licensed Alzheimer's facility (Rainbow Connections) and 2 Category II facilities (Laurelwood 3 minutes and Climbing Rose 6 minutes from the family home) for the services that would best meet the physical, psychosocial and financial needs of this resident, including location for the family. Harmon gave Ludys Home Living which was 20 minutes away and Windae's Home Ltd 25 minutes away. Since neither of these homes had an Alzheimer's endorsement and Melissa (licensed social	
K 020 SS=D	NAC 449.27829 Responsibilities of referral Agency 1. A referral agency shall: (a) Complete a needs assessment and financial assessment for each client and make referrals for the services that would best meet the physical, psychosocial and financial needs and wishes of the client; and This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to make referrals to ensure, services would best meet the physical and psychosocial needs of the client. Findings include: Client # 1 was an 70 year old man diagnosed with Chronic Kidney Disease, Hyperpotassemia, Renal & Ureteral Disease and Alzheimer's Disease. The client also had a history of	K 020		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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If continuation sheet 1 of 2

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K 020	<p>Continued From page 1</p> <p>behaviors to include; wandering and combativeness.</p> <p>The referral agency conducted an assessment on Client #1 on 3/12/09, prior to making a referral to a prospective Group Home placement.</p> <p>On 3/23/09, the referral agency referred Client #1, to a Group Home placement that was not licensed or equipped to handle clients with Alzheimer's Disease. The facility was unable to properly care for and meet the client's physical and psychosocial needs.</p> <p>Interview with an employee at the facility, indicated that the referral agency failed to disclose the client's Alzheimer's diagnoses. After the client was admitted, the facility noticed the client was exhibiting some behaviors and appeared to be in need of a higher level of care, than they were equipped to provide. The facility then contacted the client's previous placement and was notified that the client was diagnosed with Alzheimer's Disease. Within 5 days of admission on 3/28/09, the facility had the client transferred to an appropriate Alzheimer's facility.</p> <p>Severity: 2 Scope: 1</p>	K 020	<p>worker for Harmon) provided these facilities I am wondering why I received this statement of deficiency.</p> <ol style="list-style-type: none"> 2. I verbally shared the needs assessment along with History and Physical to each facility. See Exhibit #2 3. There was no diagnosis of Alzheimer's disease on the History and Physical or the discharge summary. (See Exhibit #1) 4. There was no information from Harmon or the family that the resident was combative or at risk of elopement. 5. Page 2 of the History and Physical states that the resident is alert. 6. The Administrator of the Residential Facility for Groups went to Harmon and did her own assessment and based on her interview with the resident, his family, 		

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and [REDACTED] (social worker) determined that he was appropriate for her facility.

7. At the time that we saw the patient at Harmon he was alert and orientated times 2. He knew his wife and he knew where he was and could discuss with us about his medical condition and the services he needed.
8. Attached is the physician report and discharge summary for each that LTC makes prior to the move-in date, if possible. This form was given to [REDACTED] and we requested that the form be completed, and they fail to do so by the move-out date. Exhibit #4
9. The resident was moved on March 28, 2009.
10. On July 20th and 21st the owner and her employee will be participating in NAB

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CMIS Cerification.

Exhibit 3

11. The social worker
is the person responsible
for making the
determination of
placement.
12. March 28, 2009

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